



# Veteran Information Form (VIF)

Reproduce as Needed

## CONTACT INFORMATION

VIF Number: 10907

First Visit/Contact Date: 9-13-07

Full Name: Stanley J. Laskowski (First, MI, Last)

Sensitive SSN not provided due to ☐ Law or Medical Profession  
☐ Special Ops background ☐ VA Employee

Address: [REDACTED] ☐ HOMELESS/NO PERMANENT ADDRESS  
☐ ADDRESS INACTIVE

City/Town: [REDACTED] State: [REDACTED] ZIP: [REDACTED] Country: [REDACTED]

Home Phone: [REDACTED] Work Phone: ( ) - - Mobile Phone: ( ) - -  
 Extension #: [REDACTED]

## DEMOGRAPHIC INFORMATION

Birth Date: [REDACTED] Gender: ☒ Male ☐ Female

Marital Status: ☒ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Never Married

Ethnicity:

☒ White ☐ Pacific Islander/Hawaiian  
☐ African American ☐ Native American  
☐ Hispanic ☐ Alaskan Native  
☐ Asian American ☐ No Response

## MILITARY INFORMATION

Discharge Pending? ☐ Yes ☐ No

Periods of Military Service:

Branch of Service	Entry Date:	Discharge Date:
<u>ARMY</u>	<u>2/23/1999</u>	<u>2/5/2007</u>

Eligibility:

☐ Bereavement ☐ Lebanon  
☐ Former Yugoslav Ops ☐ Other Combat Ops  
☐ Grenada ☐ Panama  
☐ GWOT - Both OIF & OEF ☐ Persian Gulf  
☐ GWOT - Expeditionary ☐ Sexual Trauma  
 (Not OIF/OEF)  
☐ GWOT - OEF (Afghanistan) ☐ Somalia  
☒ GWOT - OIF (Iraq) ☐ Vietnam Theater  
☐ Korean War Zone ☐ Vietnam-Era Non-Theater  
☐ WWII War Zone

Eligibility Verification: ☒ DD214 ☐ DD1300 ☐ VAMC ☐ VARO ☐ Pending

Discharge Type: ☒ Honorable ☐ General ☐ Undesirable ☐ Bad Conduct ☐ Dishonorable Discharge/Dismissal

Wounded/Injured? ☐ Yes ☒ No Purple Heart? ☐ Yes ☒ No

VA Service Connected? ☒ Yes ☐ No POW? (any # days) ☐ Yes ☒ No

☐ Check this box if you DO NOT want to participate in Surveys

COMMENTS: HIPAA REVIEW

Discussed HIPAA Policy

in accordance with POC Policy

FOR VET CENTER USE ONLY

INTAKE ON: 9-13-07 By: MX  
 REVIEWED ON:   By:    
 ENTERED ON:   By:  

ALL SHADED AREAS ARE MINIMUM REQUIREMENTS. BE SURE TO FILL OUT AS COMPLETELY AS POSSIBLE.

Rev. 02-24-2006



**VET CENTER INTAKE**  
(To be completed by staff with client)

Client #: 10907

**I. PRESENTING PSYCHO-SOCIAL FOCUS**

*Requesting assessment for PTSD: referral  
for treatment due to flashbacks, nightmares, sleep disturbance,  
Anxiety, Anger/rage, -*

**II. MENTAL STATUS EVALUATION**

APPEARANCE	Neat	<input checked="" type="checkbox"/>	Unkempt	<input type="checkbox"/>	Inappropriate/bizarre	<input type="checkbox"/>
MANNER	Friendly, cooperative	<input checked="" type="checkbox"/>	Suspicious, defensive	<input type="checkbox"/>	Hostile, evasive	<input type="checkbox"/>
INTELLIGENCE	Average	<input type="checkbox"/>	Above Average	<input checked="" type="checkbox"/>	Below Average	<input type="checkbox"/>
SPEECH	Appropriate	<input checked="" type="checkbox"/>	Rapid, pressured	<input type="checkbox"/>	Retarded pace	<input type="checkbox"/>
ORIENTATION	Time	<input checked="" type="checkbox"/>	Place	<input checked="" type="checkbox"/>	Person	<input checked="" type="checkbox"/>
MEMORY FUNCTION	Normal	<input checked="" type="checkbox"/>	Impaired	<input type="checkbox"/>		<input type="checkbox"/>
AFFECT	Appropriate	<input checked="" type="checkbox"/>	Labile	<input type="checkbox"/>	Flat, blunted	<input type="checkbox"/>
MOTOR ACTIVITY	Relaxed, at ease	<input checked="" type="checkbox"/>	Tense	<input type="checkbox"/>	Agitated, restless	<input type="checkbox"/>
JUDGMENT	Good	<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Impaired	<input type="checkbox"/>
					Bizarre gestures	<input type="checkbox"/>
					Poor	<input type="checkbox"/>

Client # 10167Vet  
Center

## II. MENTAL STATUS EVALUATION (cont.)

## EVIDENCE OF THOUGHT DISORDER

Delusions

Yes

No~~Disorganized thinking~~~~Yes~~~~No~~

Hallucinations

Yes

No

Some auditory, possible flashbacks.

## EVIDENCE OF DEPRESSION

Appetite:

average

poor

excessive

Recent weight change: ~~None~~ loss

gain

lbs. in \_\_\_\_\_ months.

Sleep disturbance:

Yes

No

Sex drive remains the same:

Yes

No

Energy level:

low

average

high

Recent losses:

Yes

No

If Yes, Explain

Suicidal thought:

Yes

No

If Yes, Explain

@ this pt he wants to stop anxiety  
flashbacks, intrusive thoughts,  
nightmares.  
No current plan. Children safe  
different.

Homicidal thought:

Yes

No

If Yes, Explain

Other mental status observations:

RCS-1015P97

00142

Vet  
Center

Client #: 10987

## III. HEALTH HISTORY

1. Past treatment received for any medical/psychiatric problems.  
If so, please describe. *@ WB VAMC* ☒ Yes ☐ No
2. Under current treatment for any medical/psychiatric problems.  
If yes, name and telephone number of provider: *WB VAMC* ☒ Yes ☐ No
3. Tobacco use. *Cigarettes* ☒ Yes ☐ No  
Choice of use. Frequency *1/ppl*
4. Caffeine use. *Coffee* ☒ Yes ☐ No  
Choice of use. Frequency *1 pot 1 day*
5. Exposure to hazardous environmental elements.  
If became ill from exposure, please explain. *unsure?* ☐ Yes ☒ No
6. Currently taking any medication. ☒ Yes ☐ No  
If yes, complete MEDICATION USE table below.

Medication	Dosage	Date Began & Reason	Physician/Ref #
Trazadone	100 MBHS.		

Vet  
Center

IV. PRE-MILITARY & DEVELOPMENTAL HISTORY

*See attached  
curriculum*

V. MILITARY HISTORY

- I. Entry into the Military & Training Experiences:

*See attached  
curriculum*

RCS-INSF97



Client #: 10957

2. War Zone History:

*See attached intake*

3. Traumatic Events: (Include Sexual Trauma While in Military)

*See attached intake.*

4. Homecoming:

*See attached intake*

5. Impact of Military Experience.

*See attached intake -*



Client # 10907VII. ASSESSMENT

This 39 y/o married 50% SC veteran was involved in the initial invasion in Iraq in 2003. Upon return home, he remained in the military for an additional 4 years. He then worked as a financial advisor for 6 mos.

Immediately upon his return he started having difficulty with anxiety, insomnia, nightmares. Before he was able to manage or until his discharge from the military upon which his symptoms significantly ↑. He started self medicating with alcohol: burden. Became more distant from wife, military friends, his wife, children. Did not experience intense anxiety: none. Would dress in black and patrol streets at night to feel safe.

He is currently incarcerated for obtaining a pharmacy. Continues to experience intense PTSD symptoms

AXIS I - PTSD  
 AXIS II - None  
 AXIS III - Suicidal ideation  
 AXIS IV - Severe  
 AXIS V - See paperwork

P: Refusal to participate in PTSD program. Recommend weekly 1:1; group if there is hope between sessions for present admission to Courtmull.

Counselor's Signature

Date: 9/28/07

Team Leader/Clinical Coordinator Signature

Date: 9/28/07

Place of Birth Kingston, PA Where were you raised? Throop, PA

Brothers and Sisters and indicate if they are older or younger than you.

only child.

Please describe your home life growing up.

Parents divorced @ age 2. Was raised between 3 households, an aunt, his father who was a alcoholic; his mother who was drug addicted.

Did anyone in your family have a problem with alcohol, drugs, anger/rage, psychiatric and/or severe medical illness? ☒ YES ☐ NO Mother: father

Did you feel safe and loved growing up? YES NO depends. Father was supportive but drinking; he left his Aunt was supportive. Felt unsafe @ mother as she would often pass out; he would be left.  
Did you experience any major losses (death of a family member, divorce of parents, natural catastrophe, etc.) while growing up? ☒ YES ☐ NO divorce

Where did you go to school? Elementary @ St Mary's (got A's) HS Bishop D'Elia Graduated @ 3.3; honors  
Did you have many friends? ☒ YES ☐ NO Did you date much? ☒ YES ☐ NO grades started to slip but

Did you play sports? ☒ YES ☐ NO football; wrestling

Did you participate in any extracurricular school activities? YES ☒ NO

Did you have any honors, awards, or achievements in school? YES ☒ NO

Did you have any disciplinary problems in school, arrests, or problems with authority prior to the military? ☒ YES ☐ NO Suspension in 11th grade for fighting.

Did religion or spirituality play a significant role in your life? YES ☒ NO forced to go to Church as a child no longer goes.

Did you use alcohol or drugs before entering the military? ☒ YES ☐ NO

If so, to what extent? Experimented @ Marijuana; Cocaine, used to smoke socially but can abuse @ times.

Was any member of your household a veteran? ☒ YES ☐ NO If yes, who? Father was in marines.

Was any member of your household a combat veteran? YES ☒ NO If yes, who?

→ Friend told his mother about Cocaine use: @ 19 y/o spent 30 days in o/p treatment @ Marworth. Seems to downplay his of substance abuse. (?)

Psycho-social History

00147



Before entering the military did you have a problem with?

Alcohol or Drugs ☒ YES ☐ NO

Gambling ☒ YES ☐ NO

Compulsive Spending ☒ YES ☐ NO

Depression ☒ YES ☐ NO

Mood Swings ☒ YES ☐ NO

Anger or Rage ☒ YES ☐ NO @ times

Anxiety ☒ YES ☐ NO

Panic Attacks ☒ YES ☐ NO

Getting along with others ☒ YES ☐ NO

Trusting others ☒ YES ☐ NO

Feeling emotions ☒ YES ☐ NO

Sleep ☒ YES ☐ NO

Nightmares ☒ YES ☐ NO

Memory Problems ☒ YES ☐ NO

If you volunteered for the military, why did you volunteer? to "outdo my dad" looking for recognition/praise  
 How did your family feel about it? Familial happy b/c of his hard drinking; "wounded" @ the time  
him abused!!

Is there anything that happened while growing up that you would like to talk about in therapy? YES NO  
 If so, what would you like to talk about? Unsure.

### 1. Entry into the Military and Training Experience

Did you volunteer ☒ or were you drafted ☐

Where was your basic training/boot camp?

Fort Island, SC

Injured? ☐ Yes ☒ No Medical treatment? ☐ Yes ☒ No

Disciplinary problems? ☐ Yes ☒ No

Did you have any advanced training? ☒ Yes ☐ No

In what? at different schools Where was the training \_\_\_\_\_ # of  
 weeks \_\_\_\_\_

Injured? ☐ Yes ☒ No Medical treatment? ☐ Yes ☒ No

Disciplinary problems? ☐ Yes ☒ No

None or good.

Psycho-social History

Specialty name and MOS # designation after advanced training:

Rifleman 0311Any additional advanced training? ☒ Yes ☐ NoIn what? Marksmanship Coach, Instructor Where was the training \_\_\_\_\_ # of weeks \_\_\_\_\_Injured? ☐ Yes ☒ No Medical treatment? ☐ Yes ☐ NoDisciplinary problems? ☐ Yes ☒ No

Specialty name and MOS # designation after advanced training:

Marksmanship Coach 8530, Marksmanship Instructor 8831Did you have any assignments after training and before entering the War Zone? ☒ Yes ☐ No

If so, please give the approximate dates, location, and unit to which you were assigned

Served 3 yrs in military prior to deployment in Iraq. Different states throughout CA and in Okinawa in Japan.

## 2. War Zone History

Circumstances of assignment: ☐ VolunteeredHad other offers that would have stopped deployment but volunteered to go to stay in this unit☒ Deployed with unit☐ Went as individualApproximate date of arrival 2/20/2003Location of arrival Very Southern tip of Iraq

Impressions upon arrival

"Oh shit". Fear as reality of being in Iraq setting in.Units assigned/attached to Infantry 3rd Bn, 5th Div Principal War Zone LocationDuring initial invasion of Iraq.

Actual duties and operations in war zone:

Squad leader of 10 men.Time you were exposed to combat ☒ Extensive ☐ Considerable ☐ Moderate ☐ Some ☐ NoneCombat Infantry Badge or Combat Action Ribbon? ☒ Yes ☐ NoInjured/wounded ☐ Yes ☒ No Medical treatment ☒ Yes ☐ Nohip problems.Purple Heart? ☐ Yes ☒ NoDisciplinary problems in the war zone? ☐ Yes ☒ No multiple awards including good conduct medal.

If you used alcohol or drugs while in the war zone, please complete the following.

Alcohol use ☐ Extensive ☐ Considerable ☐ Moderate ☐ Some ☒ NoneCannabis use ☐ Extensive ☐ Considerable ☐ Moderate ☐ Some ☒ NoneAmphetamine use ☐ Extensive ☐ Considerable ☐ Moderate ☐ Some ☒ NoneHeroin use ☐ Extensive ☐ Considerable ☐ Moderate ☐ Some ☒ NoneCocaine use ☐ Extensive ☐ Considerable ☐ Moderate ☐ Some ☒ None

Psycho-social History

Other \_\_\_\_\_ ☐ Extensive ☐ Considerable ☐ Moderate ☐ Some ☒ None

Approximate date of Departure from the War Zone Went from Iraq to Kuwait 4/10/2003; Kuwait to home 7/2003

4. Homecoming from War Zone

Mode of exit from combat zone ☐ Ship ☐ Military air ☒ Commercial Air ☐ Other \_\_\_\_\_  
☐ With unit ☐ With friends ☒ As individual ☐ Other \_\_\_\_\_

Feelings about leaving combat zone

Relieved to be alive.

Feelings about returning to U.S.

Worried about reuniting family b/c he felt different.

Duty assignments after leaving the war zone:

Reported for 4 yrs before leaving Iraq. Stationed in CA; Continued to be Squad Leader. Then stationed in Texas Island, SC as Coach.

While in the Military, did you experience Sexual Trauma ☐ Yes ☒ No or Sexual Harassment? ☐ Yes ☒ No

5. Impact of Military Experience:

Spiritual Changes

Never felt spiritually connected.

Social Changes

Withdrawal from friends & family. "paranoia"

Physical Changes

Hypertension, Anxiety

Emotional Changes

Depression

How would you describe your social and interpersonal functioning after you were discharged from the military?

Did you take any additional training or education after the military?

YES ☒ NO

Did you complete the training/education? YES ☒ NO N/A

If so, did you receive a degree, certificate, or professional license? YES ☒ NO N/A

What has been your main line of work since leaving the military? financial advisor

Psycho-social History

Approximately how many jobs have you had since leaving the military? 1

What is the longest you ever held one job? 16 mos.

Have you ever been fired or resigned under threat of being fired? YES ☒ NO

How many times have you been married? 1

If you have children, how many do you have from each marriage/partnership?

These children 5y old girl, 2y old boy, 3 month old boy

How would you describe your relationship with each of your former spouse(s)? (If applicable)

How would you describe your relationship you're your current wife or partner?

Strained due to anger, withdrawal, legal problems.

How would you describe your relationship with your children? (If applicable)

Distant. Used to be very close to oldest daughter prior to deployment. Loses temper  
has little p.t. to his children now. Denies abuse.

Since discharge have you had a problem with?

Alcohol or Drugs

☒ YES

☐ NO

Gambling

☒ YES

☐ NO

Compulsive Spending

☒ YES

☐ NO

Depression

☒ YES

☐ NO

Mood Swings

☒ YES

☐ NO

Anger or Rage

☒ YES

☐ NO

Anxiety

☒ YES

☐ NO

Panic Attacks

☒ YES

☐ NO

Getting along with others

☒ YES

☐ NO

Trusting others

☒ YES

☐ NO

Feeling emotions

☒ YES

☐ NO

Psycho-social History

00151

Sleep  
Nightmares  
Memory Problems

☒ YES NO  
☒ YES NO  
☒ YES NO

*stays up for days*

How soon after returning from overseas did you begin having these problems? *immediately but problems associated after leaving military.*

Have you been arrested and or incarcerated since leaving the military? ☒ YES NO

Do you have any current legal problems (for example, pending divorce, child support, bankruptcy, probation/parole, criminal charges?) ☒ YES NO *Currently incarcerated.*

Is anyone in your home suffering from a severe medical illness, psychiatric problem, problem drinking or drug abuse? YES ☒ NO If so, who and from what are they suffering? \_\_\_\_\_

Additional Notes:

*Currently in prison but prior was starting to receive help from CUB. Is currently taking Traxolam for sleep. No hx of psychiatric problems. No hx of suicide attempts but has suicidal ideation since return from Iraq. Had plan in past to shoot self. Children are different and no longer has access to weapons. No insight as well into triggers for flashbacks. Anger, rage.*

Psycho-social History

00152



Vet Center		CLIENT TREATMENT PLAN	Client #: 10907
PSYCHO-SOCIAL FOCUS #	Symptom(s)	Date 1/17/08	
1	Isolation		
PLANNED INTERVENTION(S)	1. Individual Counseling twice per month 2. Group Counseling twice per week	T.L. Signature Paul M. White	
EXPECTED OUTCOMES	Veteran will become more socially active when he discovers what is behind his desire to withdraw from associating with others.	Clr. Signature K. J. [Signature] Date of Resolution/Inactivity	
QUALITY INDICATORS	1) Counselor will offer education about how this Veteran can learn to practice activities as he gains self confidence. Veteran will report his progress weekly. 2) Veteran will develop good coping skills and document situations when he isolates for reasons and reduce these incidents from 6 to 3 times weekly.		
PSYCHO-SOCIAL FOCUS #	Symptom(s)	Date 5/2/08	
#3, #1	Abusive incidents; PTSD		
PLANNED INTERVENTION(S)	Detox Rehab Assessment for admission to Catermull VAMC for PTSD treatment.	T.L. Signature Paul M. White	
EXPECTED OUTCOMES	Vet to enter Det complication and complete rehab. Referral to Catermull.	Clr. Signature K. J. [Signature] Date of Resolution/Inactivity	
QUALITY INDICATORS	Assessment by intake duty admission to WBAVAMC for detox rehab. Successful completion of SAMHSA outpatient group and WBAVAMC intake. Admission for further PTSD treatment.		

CAUTION: NOT TO BE USED FOR  
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.  
SAFEGUARD IT.ANY ALTERATIONS IN SHADED AREAS  
RENDER FORM VOID

## CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) LASKOWSKI Stanley Paul		2. DEPARTMENT, COMPONENT AND BRANCH USMC-11		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. GRADE, RATE OR RANK SGT	5. PAY GRADE E-5	5. DATE OF BIRTH (YYYYMMDD) [REDACTED]		6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000	
7a. PLACE OF ENTRY INTO ACTIVE DUTY Harrisburg MEPS Mechanicsburg, PA 17055-4843		7. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) [REDACTED]			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND WFTBN, MCRD/ERR, PISC 29905		8. STATION WHERE SEPARATED MCRD/ERR, PISC 29905			
9. COMMAND TO WHICH TRANSFERRED N/A		10. SGLI COVERAGE AMOUNT: \$400,000		NONE	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 0311 Rifleman (8 years) 8530 Marksmanship Coach (4 years) 8531 Marksmanship Instructor (2 years 6 months)		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD			
		b. SEPARATION DATE THIS PERIOD			
		c. NET ACTIVE SERVICE THIS PERIOD			
		d. TOTAL PRIOR ACTIVE SERVICE			
		e. TOTAL PRIOR INACTIVE SERVICE			
		f. FOREIGN SERVICE			
		g. SEA SERVICE			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Navy and Marine Corps Achievement (w/1 star); Marine Corps Good Conduct Medal (w/1 star); Combat Action Ribbon; Iraq Campaign Medal; Global War on Terrorism Service Medal; Sea Service Deployment Ribbon (w/1 star); National Defense Service Medal		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) Recruit Training 13wks/0099 Rifleman 0099 Corporals Leadership 0002 Sgt Non-Resident Program 0003			
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		<input checked="" type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		<input checked="" type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
16. DAYS ACCRUED LEAVE PAID 32.0 RLB		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			
18. REMARKS "Item 13 Cont" Humanitarian Service Medal; Presidential Unit Citation-Navy; Meritorious Mast (2); Letter of Appreciation (5); Certificate of Appreciation (2); Rifle Qualification Badge (Expert); Pistol Qualification Badge (Expert) Good Conduct Medal period commences: 20050223 Member contributed \$1200 to MGIB Serial/32001-2007-0001  The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) [REDACTED]		b. NEAREST RELATIVE (Name and address - Include ZIP Code) Stanley Laskowski (Father) [REDACTED]			
20. MEMBER REQUESTS COPY 6 BE SENT TO PA		DIRECTOR OF VETERANS AFFAIRS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21. SIGNATURE OF MEMBER BEING SEPARATED [Signature]		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) R.L. LAMBERT, GS-09, SEPS OFFICER			

## SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY MARCORSEPMAN par		26. SEPARATION CODE KBK1	27. REENTRY CODE RE-1A
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE			
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE		30. MEMBER REQUESTS COPY 4 (Initials) SPL	

DD FORM 214, FEB 2000  
(PFIFF - WHS/DIG/00)

PREVIOUS EDITION IS OBSOLETE.

MEMBER - 4

00154

Subj: HINO response for LASKOWSKI, STANLEY P III /requested by DURKIN, PA  
 [#B548125] 09/17/07@08:35 54 lines  
 From: POSTMASTER. Page 1

LASKOWSKI, STANLEY P III JAN 26, 1978 SSN: [REDACTED] C-#: [REDACTED] S-#: [REDACTED] D

iv: WILKES-BARRE, PA

\*\*\* S-# from Patient file does not match a S-# from VBA \*\*\*  
 Verified Svc-Data

VBA name = SPLASKO

Prior names =

STANLEY PAUL LASKOWSKI III

STANLEY PAUL LASKOWSKI III

Name = STANLEY P LASKOWSKI

Address =

Address =

ZIP =

Sex = MALE

Date of Birth

VBA SSN =

Claim Number =

Service Number =

Folder Location = 310 - PHILADELPHIA-RO

POW = Not applicable

Total Active Svc = 8 yr

INDICATORS( Active Duty Training NO Homeless Veteran NO )

Service data - VBA

Svc Branch: Marine Corps

EOD: FEB 23, 1999

RAD: FEB 5, 2007

Char of Svc: Honorable

Type Benefit: Compensation

DISABILITIES

Combined % = 60

Disab. in Record = 7

Eff. Date of Comb. Eval. = FEB 06, 2007

SC Disability  
 9411-POST-TRAUMATIC STRESS DISORDER  
 5207-LIMITED EXTENSION OF FOREARM  
 6260-TINNITUS  
 5019-BURSITIS  
 5019-BURSITIS  
 6512-SINUSITIS, FRONTAL, CHRONIC  
 5273-MALUNION OF ANKLE

	%	Extr	Orig Eff Dt	Curr Eff Dt
-30 %	-	-FEB 06, 2007	-FEB 06, 2007	
-20 %	-RU	-FEB 06, 2007	-FEB 06, 2007	
-10 %	-	-FEB 06, 2007	-FEB 06, 2007	
-10 %	-RL	-FEB 06, 2007	-FEB 06, 2007	
-10 %	-LL	-FEB 06, 2007	-FEB 06, 2007	
-10 %	-	-FEB 06, 2007	-FEB 06, 2007	
-0 %	-RL	-FEB 06, 2007	-FEB 06, 2007	

Vet married Vet = No spouse or not eligible

Number of CHILDREN

School = 0 Helpless School = 0 Depend. total = 2 This Award = 2

Child name

DOB

Child Status

NICOLE

Minor Child

JAMES

Minor Child

Check Amount = '\$999.00'

Net Award = '\$999.00'

Subj: HINQ response for LASKOWSKI, STANLEY P III /requested by DURKIN, PA  
 [#8548125] 09/17/07@08:35 54 lines  
 From: POSTMASTER. Page 1

LASKOWSKI, STANLEY P III JAN 26, 1978 SSN: [REDACTED] C-#: [REDACTED] S-#: [REDACTED] D  
 iv: WILKES-BARRE, PA

\*\*\* S-# from Patient file does not match a S-# from VBA \*\*\*  
 VBA name = SPLASKO Verified Svc-Data

Prior names =  
 STANLEY PAUL LASKOWSKI III  
 STANLEY PAUL LASKOWSKI III  
 Name = STANLEY P LASKOWSKI  
 Address = [REDACTED]  
 Address = [REDACTED]  
 ZIP = [REDACTED]  
 Sex = MALE

Date of Birth = [REDACTED]  
 VBA SSN = [REDACTED]

Claim Number = [REDACTED]  
 Service Number = [REDACTED]  
 Folder Location = 310 - PHILADELPHIA-RO  
 POW = Not applicable  
 Total Active Svc = 8 yr  
 INDICATORS( Active Duty Training NO Homeless Veteran NO )

Service data - VBA

Svc Branch: Marine Corps  
 EOD: FEB 23, 1999  
 RAD: FEB 5, 2007

Char of Svc: Honorable  
 Type Benefit: Compensation  
 DISABILITIES

Combined % = 60 Disab. in Record = 7 Eff. Date of Comb. Eval. = FEB 06, 2007

SC Disability	%	Extr	Orig Eff Dt	Curr Eff Dt
9411-POST-TRAUMATIC STRESS DISORDER	-30	%-	-FEB 06, 2007	-FEB 06, 2007
5207-LIMITED EXTENSION OF FOREARM	-20	%-RU	-FEB 06, 2007	-FEB 06, 2007
6260-TINNITUS	-10	%-	-FEB 06, 2007	-FEB 06, 2007
5019-BURSITIS	-10	%-RL	-FEB 06, 2007	-FEB 06, 2007
5019-BURSITIS	-10	%-LL	-FEB 06, 2007	-FEB 06, 2007
6512-SINUSITIS, FRONTAL, CHRONIC	-10	%-	-FEB 06, 2007	-FEB 06, 2007
5273-MALUNION OF ANKLE	-0	%-RL	-FEB 06, 2007	-FEB 06, 2007

Vet married Vet = No spouse or not eligible

Number of CHILDREN

School = 0 Helpless School = 0 Depend. total = 2 This Award = 2

Child name	DOB	Child Status
NICOLE	[REDACTED]	Minor Child
JAMES	[REDACTED]	Minor Child

Check Amount = '\$999.00' Net Award = '\$999.00'



570B195118



PSYCH

12:05:41 PM

00-07-2007

2/2

(MAG Number: 1000-0000)  
Extended Release 2 minutes

 <b>Department of Veterans Affairs</b>		<b>REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION</b>	
<p><b>Privacy Act and Paperwork Reduction Act Information:</b> The completion of this form does not constitute the release of information other than that specifically described below. The information requested on this form is collected under Title 38, U.S.C. The form contains requests of information in accordance with the Health Insurance Portability and Accountability Act, 45 U.S.C. 160 and 164, 5 U.S.C. 552a, and 19 U.S.C. 5791 and that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information is not disclosed completely and accurately, Department of Veterans Affairs will be unable to comply with the request. The Veterans Health Administration may not conduct treatment, payment, enrollment or eligibility on a patient's behalf. VA may disclose the information that you put on the form as provided by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records control identified as 20VA19 "Patient and Medical Record - VA" and in accordance with the VHA Notice of Privacy Practices. You do not have to provide the information to VA, but if you do, VA will be able to process your request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of 38 U.S.C. 5507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We estimate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>			
<p><b>ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD REPRINT IS NOT USED.</b></p>			
<p>TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)</p>		<p>PATIENT NAME (Last, First, Middle Initial) <b>LASKOWSKI, STAN P.</b></p>	
<p>SOCIAL SECURITY NUMBER [REDACTED]</p>		<p>SOCIAL SECURITY NUMBER [REDACTED]</p>	
<p>NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED</p>			
<p><b>Patrick A. Casey, Esquire -- Myers, Brier &amp; Kelly, LLP</b> <b>425 Spruce Street, Suite 200, Scranton, PA 18503</b></p>			
<p><b>VETERAN'S REQUEST:</b> I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):</p>			
<p><input checked="" type="checkbox"/> DRUG ABUSE <input checked="" type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input checked="" type="checkbox"/> TESTING FOR OR INFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) <input checked="" type="checkbox"/> SICKLE CELL ANEMIA</p>			
<p><b>INFORMATION REQUESTED (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)</b></p>			
<p><input checked="" type="checkbox"/> COPY OF HOSPITAL SUMMARY <input checked="" type="checkbox"/> COPY OF OUTPATIENT TREATMENT NOTES <input checked="" type="checkbox"/> OTHER (Specify)</p>			
<p><b>All medical, psychiatric, psychological records</b></p>			
<p><b>PURPOSE(S) OR NEED FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED</b></p>			
<p><b>LEGAL REPRESENTATION</b></p>			
<p><b>NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM</b></p>			
<p><b>AUTHORIZATION:</b> I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____ (date supplied by patient): (3) under the following condition(s):</p>			
<p>I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefits decisions.</p>			
<p>DATE <b>9/1/07</b></p>		<p>SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach document to sign, e.g., POA) </p>	
<p><b>FOR VA USE ONLY</b></p>			
<p>REPRINT PATIENT DATA CARD (by enter Name, Address, Social Security Number)</p>		<p>TYPE AND EXTENT OF MATERIAL RELEASED</p>	
<p>DATE RELEASED</p>		<p>RELEASED BY</p>	

VA FORM 10-5346  
MAY 2005

USE EXISTING STOCK OF VA FORM 10-5346, DATED NOV 2004.

00157



Daniel T. Brier  
Robert T. Kelly, Jr.  
Donna A. Walsh



Lori R. Grantley  
John B. Dempsey  
Thomas S. Schrack  
Patrick A. Casey, Counsel  
Morey M. Myers, Of Counsel

September 11, 2007

VIA TELECOPY

Lori Davis, Counselor  
Lackawanna County Correctional Facility  
1371 N. Washington Avenue  
Scranton, PA 18509-2840

Re: Commonwealth v. Laskowski

Dear Ms. Davis:

This letter confirms our telephone conversations of this morning during which we agreed on a date and time for you to meet with Attorney Patrick A. Casey along with Karen Lenchitsky, a Licensed Clinical Social Worker with the Veteran's Center and Stanley Laskowski, an inmate at the Lackawanna County Correctional Facility. The meeting is scheduled for Thursday, September 13, 2007 at 10:00 a.m. in the multi-purpose room of the correctional facility.

Please do not hesitate to contact either myself or Mr. Casey if you have any questions.

Sincerely,

*Beth A. Smith*

Beth A. Smith  
Legal Assistant

:bas

cc: Karen Lenchitsky

September 15, 2008

Stanley Laskowski  


Dear Stan,

It has been some time since we have seen you at the Scranton Vet Center and we would like to hear from you again. We are interested in doing whatever we can to assist you, client satisfaction is important to us. We hope that you were satisfied with the services received in the past. This letter is to let you know that we are still available.

---

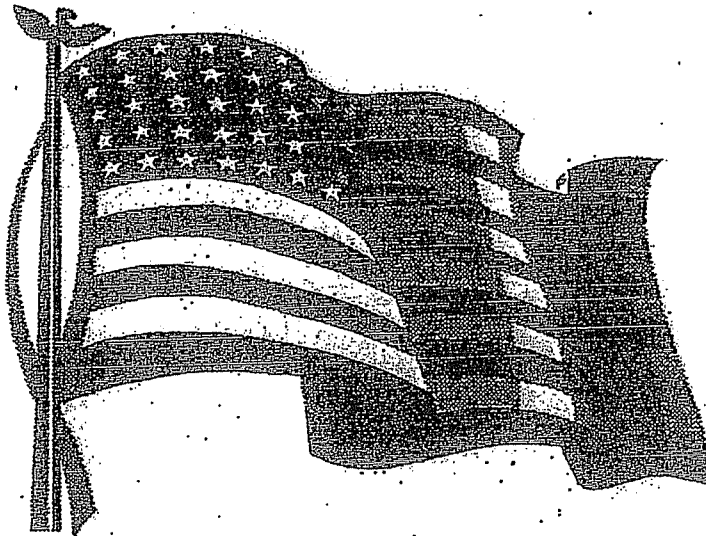
We are interested in receiving your comments regarding Vet Center services received thus far. In this regard, please take a brief moment to complete the attached questionnaire and return it to us. Your response is very important to us.

Thank you in advance for taking the time to respond. Again, if the Scranton Vet Center can be of further assistance to you telephone us at 1-866-776-1516 or come in. You are always welcome.

Sincerely,

KAREN LENCHITSKY, LCSW  
Social Worker

# VETS - HELPING - VETS



---

## VET CENTER

1002 Pittston Ave, Scranton, PA 18505

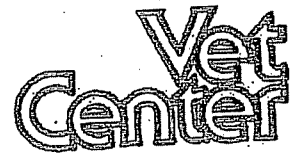
Tel: (570) 344-2676 / Fax: (570) 344-6794

To: Attorney Jack Dempsey

From: Karen Lenchitsky, LCSW

Pages (including this cover page): 2

*This message is intended only for the use of the person/office to whom it is addressed and may contain information that is privileged, confidential, or otherwise protected by law. All others are hereby notified that the receipt of this message does not waive any applicable privilege or exception from disclosure and that any dissemination, distribution, or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone at the above number, and return the original message to us at the above address via the United States Postal Office. Thank you.*



January 28, 2008

1002 Pittston Avenue  
Scranton, Pennsylvania 18505  
(570) 344-2676  
1-866-776-1516  
Fax (570) 344-6794

To Whom It May Concern:

Mr. Stanley Laskowski is currently receiving services at the Scranton Vet Center. Since his return from the inpatient PTSD program at the Coatesville VAMC, veteran has participated in the weekly Global War on Terrorism (GWOT) group at our facility. He has attended four groups in this time period. Veteran actively participates in these groups. Individual therapy has also been initiated at this facility and will occur on a semi-monthly basis. Mr. Laskowski shows good insight and presents as motivated for treatment.

In addition, veteran is also enrolled and receiving services from the Wilkes-Barre VAMC. I spoke with Dr. Matthew Dooley, Ph.D. who confirmed veteran has attended four psycho-education groups on PTSD and that he is scheduled to start a Cognitive Processing Therapy (CPT) group in February. CPT is a 12 week therapy that has both cognitive and exposure components. This is an evidenced based therapy that has been shown to be effective in the treatment of PTSD. Veteran will also be seeing Dr. Bhatia, who is a psychiatrist at the Wilkes-Barre VAMC, for medication management.

Mr. Laskowski's wife is also involved in our centers Wives Group which provides support and education on PTSD. Her involvement is essential to the veterans success as PTSD effects the entire family. She too actively participates in the group and shows good insight and motivation

Since my first meeting with Mr. Laskowski on September 13, 2007, veteran shows much improvement as a result of his completing his inpatient treatment. The veteran shows a decrease in hypervigilance and is more prone to seek support when in distress.

If you require any further information, please don't hesitate to call. I can be reached at 570-344-2676.

Sincerely,

A handwritten signature in cursive script that reads "Karen Lenchitsky".

Karen Lenchitsky, LCSW  
Social Worker



Veterans  
Administration

# Memorandum

From: TIM ENNIS, MS  
Admissions Coordinator  
PTSD Program  
DVA Medical Center  
Coatesville, PA 19320  
610-384-7711, ext. 4029

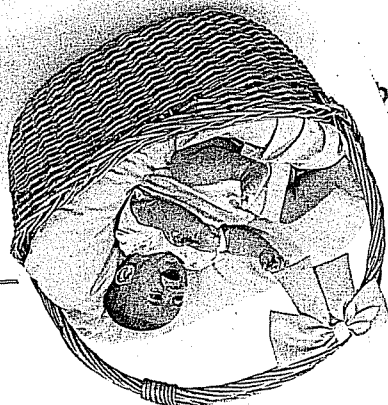
Date: 09/18/07

T-

Laskowski

Admission

Date/Time: 09/25/07 @ 0900 AM

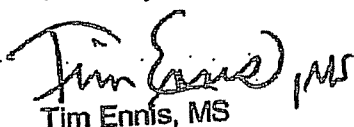


been accepted to the PTSD Program. Your admission date and time is never, changes in this may occur and you are urged to stay in contact. Notify us immediately if your address changes. You will be interviewed by one of our therapists. As a result of that interview, you may be discharged or entered into the Observation and Evaluation Unit. Weeks in the O&E Unit, you will be assigned to either the (week total length of stay) or the Treatment Unit (up to a total of a 12

On date, report directly to the PTSD Program, Bldg. 8, second floor. If you arrive late, you will not be admitted to the PTSD Program, and we will reschedule you for a later date. If you are traveling by train, use the bus. Be aware that this Medical Center cannot supply travel reimbursement for travel. If traveling by car, you may park outside Bldg. 8 to store your luggage - please use your flashers while your car is there. You will then be informed where to park your car. Be aware that you will be required to provide a \$5.00 daily co-payment IF you are not service connected for PTSD AND have an income greater than \$9,556.

If you have any questions, please contact me at (610) 384-7711 ext. 4029. If you do not keep your admission date and do not contact us beforehand we will assume you are not interested in attending this program and your name will be dropped from the waiting list. If I am able to bring you on board earlier, I'll contact you directly.

Sincerely,

  
Tim Ennis, MS



570 342 6147

Myers, Brier, &amp; Kelly, L.

12:52:22 p.m.

09-21-2007

2/3

COMMONWEALTH OF  
PENNSYLVANIA,

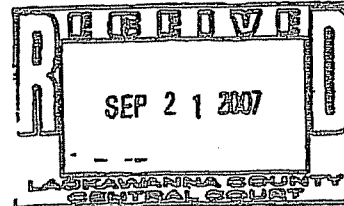
Plaintiff,

STANLEY LASROWSKI,

Defendant.

IN THE COURT OF COMMON PLEAS  
OF LACKAWANNA COUNTY

No. 07-2076



ORDER

AND NOW, this 21<sup>st</sup> day of September, 2007, upon consideration of Defendant's Motion for Release, it is hereby ORDERED that the Motion is GRANTED and defendant is released ~~on the Defendant's own recognizance on Tuesday~~  
September 25, 2007 at 5:00 (a.m./p.m.) for care under the following conditions:

1. Defendant, upon release from treatment, will promptly report to Lackawanna County probation;
2. Defendant will have no contact with any potential witnesses in this case;
3. Defendant will have no access or contact in any way with firearms while on release status; and

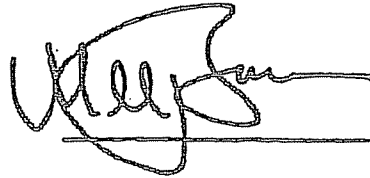
myers, brier, & Kelly, L.

12:52:30 p.m.

09-21-2007

3/3

4. If Defendant for any reason does not honor any of the conditions listed above, the third party custodian will be duty-bound to report the failure to adhere to the conditions.

A handwritten signature in black ink, appearing to read "W. J. Brier", is written over a horizontal line.

J.



1002 Pittson Avenue  
Scranton, Pennsylvania 18505  
(570) 344-2676  
Fax (570) 344-6794

September 17, 2007

Dr. Steven M. Silver  
Director, PTSD Program  
DVAMC  
1400 Black Horse Hill Rd.  
Coatesville, PA 19320-2007

Dr. Silver:

Attached you will find a completed application for the PTSD program at your facility in Coatesville. Patrick Casey, Esq. has been in touch with you regarding this veteran. He will be forwarding me a letter clarifying the legal aspects of veteran's release. As per my discussions with Atty. Casey, his legal status should not interfere with admission to your program should he be accepted.

---

I have also attached my completed intake with veteran which may give more detailed information than on the actual application. I thank you in advance for your consideration in this case. If you should have any questions or need any further information in order to process this request, please contact me at 570-344-2676.

Sincerely,

A handwritten signature in cursive script that reads "Karen Lenchitsky".

Karen Lenchitsky, LCSW  
Social Worker

570 342 6147

Myers, Brier, & Kelly, L.

01:51:51 p.m.

09-17-2007

212

Daniel T. Brier  
Robert T. Kelly, Jr.  
Denna A. Walsh



Lori R. Granby  
John B. Dempsey  
Thomas S. Schreck  
Patrick A. Casey, Counsel  
Mary M. Myers, Of Counsel

September 17, 2007

VIA FACSIMILE

Karen Lenchitsky  
Licensed Clinical Social Worker  
Vet Center  
1000 Pittston Avenue  
Scranton, PA 18505

In re: Stanley Laskowski

Dear Ms. Lenchitsky:

This confirms that I have contacted the Assistant District Attorney assigned to the prosecution of Stanley Laskowski. She confirmed with me that the prosecution would agree to a release of Mr. Laskowski if his release were for the purpose of him receiving psychological or psychiatric treatment.

Based upon my conversation with the prosecutor, I believe that Mr. Laskowski's release could be arranged in such a way that it does not make the facility subject to the government's jurisdiction. The terms of release would not name the facility in any way.

I will send to you a draft of the release document for your consideration, and ask that you give your comments.

Sincerely,

Patrick A. Casey

Suite 200 | 425 Spruce Street | P.O. Box 551 | Scranton, PA 18501-0551  
Phone (570) 342-6100 | Fax (570) 342-6147  
www.mbkdlaw.com

00166

## DATE \_\_\_\_\_

9-1307

Individual Note

Individuals with  
D. Mitochondria damage back @ Lacraman Chiklam  
Vito currently unvaccinated. In doc PTSD. He was involved  
in the initial Invasion. See attached for more  
details. A Vito struggle @ PTSD. Chiklam has nightmares  
flashbacks, anger phase. Anxiety symptoms. P) Refused  
to continue PTSD treatment. (Progressive) Not at  
all. (Lacraman) A22

9-17-07

TC from Attorney Carey re: Veterans Affairs (Continued)  
 Re: letter from Attorney Carey regarding subchapter S status.  
 Application favorable to Selmer in October 1994.  
 In Selmer Confirmed Unsettled some? (unclear)  
 mentioned by Attorney Committee.

4-18-07

TC from Tim Ems; Admissions Coordinator, The Chattanooga  
BSS Program. Veteran has been accepted to their Evaluation  
unit for a maximum of 2 yrs, max 10 hrs in the program.  
Definitely scheduled for admission on Tues 9/25/07.  
Contacted military atty Pat Carey; informed him of same. He  
will make arrangements to facilitate them on the 25th.  
P. I will continue to assist as needed.

(Continue on reverse side)

ATTENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade, rank, rate;  
hospital or medical facility)

REGISTER NO.

WARD NO.

### PROGRESS NOTES

# Medical Record

STANDARD FORM 509 (REV 7-91)  
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1



## PROGRESS NOTES

DATE  
9/26/07

Clinical Referring Chart Review:

- D) Review of a Complaints to standards of RCS.
- R) No references: Mental status assessment.
- P) continues to assist with other return to program in Coatesville.

Carol Whitehead LSW

12/18/07

Group Therapy Note

- D) Initial Group meeting + Veterans spoke about her experiences in Iraq present situation.
- R) Vet recently completed the PTSD Program at Coatesville VAMC. He stated that this has helped him tremendously. He now realizes that his wife helps. He talked about his legal issues etc.
- P) continues with Group Therapy.

Carol Whitehead LSW

1-8-08

Group Therapy Note

- D) Vet came to group to focus on his present life.
- R) Vet appears to accept responsibility for his actions. He went to Coatesville and states he has been doing much better emotionally. His wife has been very supportive and she attends every group.
- P) Vet has a preliminary hearing coming up next Thursday. He provided great feedback to other group members.
- P) continues with Group Therapy.

Carol Whitehead LSW

## MEDICAL RECORD

## PROGRESS NOTES

DATE

1-11-08

TK constant Plan Review Note

P) Veterans came with a legal structure

K) Had to reduce resistance and get better touch with his feelings

P) Continue with the husband and Greg (counseling)

Larion Lachuk (Clerk)

Karen Lachuk (Clerk)

Joseph (Clerk)

1-18-08

TC continued and Atty. Dimpsey regarding legal proceedings

having. Requesting letter of participation in therapy

@ the VA center. He has been attending CBT group and

business for emergency weekly. This was initiated

with contact Dr. Droley @ WBVAMC to discuss with him

there. He is agreeable to same. Will meet with him and then

write letter as requested.

Larion Lachuk (Clerk)

1-22-08

TC to Dr. Droley @ WBVAMC. Dr. Droley reports that he attended

4 psych med group PBD @ the VAMC. Indicates that is also

scheduled to start CBT group therapy on February. Indicates

that his duties as insightful and someone who would disrupt

from time-limited structured therapy however he has not

met with enough to write statement for the courts. P. Plan

as above. He scheduled @ the VA center for 1-25-08

(Continue on reverse side)

Larion Lachuk (Clerk)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV 7-91)  
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

Lachuk, Stan

- 4 10907

00169

## PROGRESS NOTES

DATE	
1-25-08	<p>Individual therapy Note.</p> <p>D. Vuk. presented for his session. Discussed @ charges and attending PTSD program @ the Coatesville, Waco. Indicates PTSD symptoms have decreased. Due continue to experience nightmares, flashbacks. Resulting anxiety. A. Vuk was A. OVB, mood and affect were appropriate, thought content. Denies ideations, Denies delusions. Currently involved in his history and motivated to continue. Some P. Vuk. will continue with group @ Dan Ullrich, Esq. H. will continue with individual therapy. He is also scheduled to participate in COTGP @ Waco. He will be in February. He is aware of call as needed.</p>
1-28-08	<p>T.O. to Atty. J. A. Dempsey. Letter completed and faxed. Consequently, Dempsey, Atty. Dempsey, informing his participation in therapy. Rel. signed. J. A. Dempsey.</p>
1-29-08	<p>Group Counseling Note</p> <p>D. From waiting his present legal issues.</p> <p>A) Detachment to be experiencing PTSD and gets involved in the support of. Confession and isolation. He is broken group but probably because he is on probation. He needs to become more involved to get individual counseling.</p> <p>Continue with group therapy.</p>



## PROGRESS NOTES

Group Therapy Note:

Group Therapy Notes:  
 2) Bob again discussed his feelings associated with recent leg lesion

A) Vet. is still guarded and not able to evaluate his own feelings. He is beginning to attend group regularly - He wants to bring home this group with him. Because he felt that his neighbors are being non supportive and make negative comments about him and his family. He was given good feedback from the other group members.

From this I think group members  
I continue with Group Therapy work.

## Individual Therapy Note

Did not attend therapy. Reports decrease  
in nightmares, hypervigilance, and anxiety. Acknowledges  
some responsibility for past transgressions. Was able to express feelings &  
some. Discussed his relationship with his brother. He discussed some feelings  
of responsibility for another brother's death. He is confident. Explained  
his role in the responsibility. A. Utterated as A. OX3.  
mood was euthymic. Dominant affect. No indication  
of improved sleep. Improved communication @ home. Utter  
P. Confirmed some mildly!!

Karen Lenchitzky

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES.

### Medical Record

STANDARD FORM 509 (REV 7-91)  
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

DEPT'S IDENTIFICATION (For typed or written entries give name, address, telephone number, hospital or medical facility)

Laskowski, Stanley  
Mansel

109.27

00171

## PROGRESS NOTES

DATE  
2-26-08

Judy / Group Therapy (GWT)

D) verbalized about isolating and why do we do this.

A) He avoids dealing with friendships and thus he can detach. Stan has tendency to be psychic in nature. Stan does get tense when he feels unprotected. He and his wife are doing much better.

P) continues with Group Therapy and Individual Counseling  
of Ann D. White, M.D.

3-11-08

Group Therapy Note (GWT)

D) Diet continues to isolate and lately his frustration tolerance is poor.

A) His poor frustration tolerance may be a result of the physical pain he is experiencing and his trying to wear himself off of the situation. He has been able to walk the opposite direction. We work on him being able to recognize cognitive behavior to improve in the area of socialization.

P) continues with Group Therapy and Individual Counseling  
of Ann D. White, M.D.





## PROGRESS NOTES

DATE

3-14-08

## Clinical Consultation

Reviewed Case @ Consultant Dr. Malachuk's Office, W.B. U.S.A. ...  
 Discussed client's current experiences @ home, current suicidal  
 ideations, as well as medical history & behavior. Recommended  
 continuation of dual antidepressant therapy in form of venlafaxine  
 & fluoxetine. <sup>200mg</sup> ~~150mg~~ continuation of PTSD symptoms.

Karen Luchinsky, LSW  
 John Shell, DSW  
 Alan Villalobos, LSW  
 Joseph M. M. LSW, LPC

4-19-08

## Individual Therapy Note

D. V. presented for scheduled 1:1 session. Reports conflict  
 @ home 2 weeks ago led to his parents calling police, & he and  
 his family moving in @ a friend's. V. is doing well. Cries  
 some. Discussed conflict @ spouse. She has been working  
 full-time & is unable to support it @ home. Also has new  
 cases for their 3 young children. V. is having difficulty  
 @ work. Frustration as a result of the above.  
 Explored diet options for reducing stress and improving  
 @ work. A. PTSD symptoms persist @ mid-adult home  
 situation. Needs validation. P. M. H. L. L.

Karen Luchinsky, LSW

MEDICAL RECORD		PROGRESS NOTES
DATE		
4-22-08	<p><u>Couples Mental Counseling</u></p> <p>D. Couple presented for scheduled session. They reported recent accident in which Manual discovered through a phone call from their credit card company that his name had been added to a model airline. He admitted to taking 12 Trenbolone a day for a total of 1000 mg/day. He said he then went to medical supervision. He has been struggling from taking Trenbolone. Manual is having difficulty with the situation. He is for his safety as well as the safety of his children while he is at work. A. This is exhibiting a protective behavior. Manual reported the same. Manual is in a significant risk to his children and possible consequences for himself. Reports abusing Trenbolone is the only thing that helps him. "Keep my sanity." Manual has difficulty getting along with his wife. He is trying to disguise and deal with same. Recommended to him what and possible re-admission to Courtsville to help him learn to cope with a distressing physical symptom. He is also taking this up with the court. He is going to be in contact with the court for assessment. He is in contact with Manual is a quality to this plan. P. Continue couples session as to assist couple in building trust and improving communication. I put in a letter to the court recommending from WOVANC, will explain further in a follow-up session.</p> <p>(Continue on reverse side)</p>	
<p>PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)</p>		<p>REGISTER NO.</p>
		<p>WARD NO.</p>

Laskowski, Stanley

CE# 10907

## PROGRESS NOTES

## Medical Record

STANDARD FORM 509 (REV 7-91)  
Prescribed by GSA/CMR, FIRM (41 CFR) 201-9.202-1

00175



## PROGRESS NOTES

DATE	
4-23-08	<p>TC to John Chalinski, <sup>DSW</sup> WBIANC re: ultra situation. D. Chalinski is aware of ultra case, from previous incident call @ VA re: transmodal. Informed Chalinski of ultra situation. Chalinski will be presenting today for treatment. A family of transmodal communications made to me yesterday &amp; need for evaluation. P. will continue to monitor for coordination of case. <i>John Chalinski, DSW</i></p>
5-2-08	<p>Clinical Consultation.</p> <p>D. Case presented regarding chronic addiction behavior, impact on relationship and PRD. Recommended coordination with Dr. McSimon, seen and further monitoring addiction. <i>John Chalinski, DSW</i> <i>Joseph [Signature]</i></p>
5-2-08	<p>Treatment Plan Review Notes</p> <p>1) 90-day Review of Treatment Plan</p> <p>2) Assessment of planned interventions, objectives and quality indicators to meet ACS Standards.</p> <p>3) Continue with detox, referral to Rehab, P.S.D. Program at Centerville.</p> <p><i>John Chalinski, DSW</i> <i>Joseph [Signature]</i> <i>John Chalinski, DSW</i></p>

MEDICAL RECORD		PROGRESS NOTES	
DATE			
5-24-08	Crisis Mental Counseling.		
	D. Couple presented for scheduled session. They report some improvement since coming into their program although victim continues to abuse husband. He is taking 12 pills/day. Opposite Chemo drugs. Significant weight loss. In denial of addiction and depends on medication. Discussed this with concern for health. Victim has addiction to painkillers. He did go to a private physical therapist for treatment of abuse pills. He received 8 pills for treatment. Mrs. Laskowski has concerns for victim's health but is able to handle. A. PTSD, Abuse/dysphoria in prescription pills. P. Chronic treatment. Image in half of victim.		
5-24-08	Addiction.		
	Vict. denied addiction. Reports is in denial. Presenting as a victim although denial of addiction. He was A. OCB. And denied referral to WBAHC for SARCP.		
5-30-08	Reviewed case of John Chalandis, DSW, WBAHC. Presented information, cooperation and continued using of non-prescription pills. Recommended further exploration of addiction. 'Addiction for treatment for same.		

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES

Medical Record

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CL# 10907

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## PROGRESS NOTES

DATE	
6-20-08	<p>Individual Therapy Note</p> <p>D: Vet. presented for scheduled appt. - crisis he has reduced his use of tramadol by 50%. Indicates he is having some "redness" but otherwise seems to be doing well. Difficult adjustment. Vet. is to 800 conflict. Continues to struggle with difficult communication. Indicates he has been fed up for some time. Feels through the WBUMC is being evaluated for TB. He is also going to start CPT @ Dr. Dooley @ WBUMC. He was A/D's, moderately depressed. Craving affect. Denied stimulation. Has reduced tramadol use. Is working toward absence of cocaine. P: Visit continued 1:1 @ Dr. Dooley @ WBUMC for CPT. He will attend group sessions @ WBUMC as needed. Will continue 1:1 @ 8pm on some - weekly basis.</p> <p style="text-align: right;"><i>Karen Schuchman</i></p>
8-21-08	<p>TC from Dr. Dooley, WBUMC in utero. He reports continued CPT to his 3rd session. Denies any <sup>extra</sup> activities for family services @ this Vet. Cl.</p> <p style="text-align: right;"><i>Karen Schuchman</i></p>
7/29/08	<p>Client Review Note</p> <p>1) Review for compliance to RCS Standards</p> <p>2) TV Plan needed when vet returns to counseling</p> <p>3) Continue with chemo. Counseling</p> <p style="text-align: right;"><i>David M. Hiltner</i></p>

MEDICAL RECORD		PROGRESS NOTES	
DATE			
9-15-08	Plu utalidant as per RQ policy <i>Karen L. Leubke, M.D.</i>		
10-20-08	<p>Can Closing Note.</p> <p>D: The client presented a concerning psychosocial history of a major goal mistake:</p> <p>Uit. due PTSD from service in Iraq. Looking for E/P program for PTSD - family counseling.</p> <p>During this period, ut. attended 13 sessions over the course of 9 months @ an avg. of 71% path.</p> <p>OUTCOME STATUS:</p> <p>Goals Accomplished: Ut. attended, successfully completed E/P PTSD program @ Chattanooga VAMC. Engaged in Individual, Group, Mental Counseling up to date from that program.</p> <p>Need for Continued Tx: Ut. has returned into DTC program. Dr. Matthew Dorley for a closing CPT.</p> <p>Referral Needs: None</p> <p>Prognosis: Good.</p> <p><i>Karen L. Leubke, M.D.</i></p>		
(Continue on reverse side)			
PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)		REGISTER NO.	WARD NO.

*Lastnusha, Stanley*  
*CLH/0907.*

## PROGRESS NOTES

Medical Record

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